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ABSTRACT

The schools council for England and Wales set up a 3-year project to investigate the best methods of treating children with various emotional and behavioral disorders in educational settings. Questionnaires to schools and special classes were followed up by observations by four team members, all experienced in work with disturbed children. From the study there emerged certain general principles (which are the subject of the paper) indicating some likely lines of development in the future. (Author/SBH)

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Education of Disturbed Pupils

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Summary

The Schools Council for England and Wales, a body financed by central and local government to further curriculum development in schools, set up a three year project commencing 1975 to investigate the best methods of treating children with various emotional and behavioural disorders in educational settings. Questionnaires to schools and special classes were followed up by visits of observation by four team members, all experienced in work with disturbed children. From the study there emerged certain general principles which are the subject of this paper which also indicates some likely lines of development in the future.

FUTURE SPECIAL EDUCATION OF DISTURBED CHILDREN

There is no satisfactory single word to describe the group of children with which this paper is concerned. In Britain the word maladjusted, first used by Sully circa 1895, was adopted in 1945 by the Ministry of Education to refer to a category of pupils handicapped by psychological disturbance or emotional instability for whom local education authorities had a duty to provide special educational treatments.

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In this Schools Council investigation we were concerned with all children who worry teachers on account of emotional or behavioural difficulties. They include four main groups. Those with conduct disorder including restless and disruptive behaviour as well as delinquency; those with emotional problems (neuroses) such as excessive fears, anxiety or depression; a smaller group of children with developmental disorders; and a much smaller group with some constitutional or persisting abnormality - including psychosis, autism, personality disorder and neurological damage.

The number of pupils sufficiently disturbed to justify some special educational treatment is in most western countries considerably greater than the number actually receiving it. Ten per cent is very commonly suggested as a likely figure though the proportion varies according to the environment, being considerably greater in large conurbation areas than in self contained and clearly delineated smaller coummunities. It is also generally found that approximately two thirds of disturbed children improve spontaneously without special treatment though this is not generally used as an argument for not providing what they need at the time of their disturbance. Those who do not recover may be either suffering from a persisting constitutional defect or persisting defects of personality consequent upon severe deprivation or damaging early experiences.

Past treatments

Only a very small proportion of disturbed children have in the past received any kind of special treatment and usually the first to be singled out were those who offended society. Even today in Britain only 19,000 out of 9,600,000 pupils receiving education as maladjusted children, though a considerably greater number have help in special classes or by attending

child guidance centres, and some are in community homes.

In treatment as it has evolved two main strands have been detectable to which different - mutually antagonistic-groups have been committed; those who aim to control and those who are more interested in modifying feelings and attitudes. The first approach which was evident in the training and discipline provided in the correctional establishments of the 19th and early 20th centuries has been more scientifically developed by Skinner and the Social Behaviourists on the principles that behaviour is re-inforced by its consequences. The second approach belongs to those influenced by psychoanalytic theory and practice as well as by child centred educationists in the tradition of Rousseau, Froebel, Pestalozzi. Two aspects of psychoanalytic theory have been influential: belief in the therapeutic effect of bringing into consciousness feelings which have been repressed, and the importance of stable and loving relationships in early childhood.

The Present Situation in Britain

This has been investigated by a small team financed by the Schools Council. We sent questionnaires to all special schools for maladjusted children in England and Wales (188) and to other schools and classes which had been nominated to us as doing good work with disturbed children. We followed this up by visits to 56 schools for maladjusted children, and 46 classes or ordinary schools where we had reason to expect work of a high standard. There emerged a strong consensus of opinion in favour of five basic principles.

1. Relationships Most experienced practitioners and research workers

see a failure of human relationships as the fundamental cause of most types of disturbance and are therefore strongly committed to the belief that accepting attitudes of warmth, care and concern are of the utmost importance in enabling children to trust, confide in and identify with other people. It is significant that even in schools and classes committed to principles of behaviour modification the staff insisted that these methods must be superimposed on warm feelings for the children. Sufficient continuity of relationships also essential. This can be provided in various ways.

2. Self image There is a wide acceptance of the view that most disturbed children have a poor self image and that this needs to be rectified by staff attitudes and by planned success in social and educational situations.

3. Discipline There has been considerable clarification of the relationship between adult responsibility, freedom and democratic involvement in controlling children's behaviour. In most of the schools adult control is seen as part of the caring function and all the more necessary the more disturbed the children. A noticeable decrease in permissiveness has not, however, been accompanied by increased faith in the efficacy of punishment. Identification with adult models and response to group approval/disapproval are seen as effective. A minority make use of token reinforcers, but the majority find this unnecessary in any sytematic way. Self government or shared responsibility are less likely to be formally built in to the system than they appeared to be at one time but there is still a considerable amount of discussion and listening to children's views, so that they have their share of responsibility for what is decided.

4. Counselling Stress on the importance of insight into unconscious motivation and the need for planned regression have diminished. Only 11 per cent of the children in our sample were receiving psychotherapy and the counselling provided by staff dealt mainly with conscious anxieties, and problems, usually those of social interaction. Some of the children were receiving behaviour therapy: this was in a smaller number of schools than those providing other forms of psychotherapy.

5. Schoolwork Recognition of the educational curriculum as an important part of the therapy is increasing, especially the need for remedial instruction in basic social and educational skills as a means of improving self image. Much has been learnt about the disturbed child's need for structure in educational tasks but less about ways of weaning him away from dependence on the teacher. Important educational objectives are: increased competence and confidence; the arousal of interest and enthusiasm; and the use of the educational curriculum to promote discussion of social interaction and human behaviour.

To sum up, much is known about the conditions which aid recovery of the greater majority of disturbed children. There is no one solution; a balance of provisions is required. Nor need there be methods fundamentally different from those successful with non disturbed children: what is different is that the small size and generous staffing provision in the special schools and classes allows the needs of the children to be met with greater intensity.

There remains a minority of disturbed pupils for whom existing provision is not successful. The two main groups reported from our survey are psychotic children who can be contained but improve only marginally and

confirmed delinquents of secondary age. The failure with some delinquents applies mainly to two sub groups: those who are well adjusted to a delinquent sub culture and have no desire to change (the so called socialized delinquents) and those who are unable to form satisfactory human relationships however benevolent the situation. It seems that these three groups may need highly specialized treatments and that some may be inaccessible to any treatment available at present.

The Future

In the first place there is unlikely to be any decrease in the proportion of children showing disturbances of emotion or behaviour. Those features of our society which make adjustment more difficult - its complexity, urbanization, the breaking up of a close knit communities and lack of a clear moral consensus are more likely to increase than decrease. Maladjustment may in fact emerge as the most important branch of special education since children with emotional and behavioural difficulties are found in all types of school, and, as was evident from Denis Stott's panel at this World Congress, the remediation of learning difficulties is increasingly taking into account faulty learning styles and motivational factors rather than purely cognitive disabilities. Secondly there will almost certainly be more effort to provide appropriately for disturbed children in schools. It is impossible to say whether the amount of disturbance in children has increased during the last twenty years but it is certainly true that changing attitudes at home and in school have made parents and teachers more aware, tolerant and sympathetic. Most of the necessary expansion will almost certainly be within or closely associated with the ordinary school system, the prevailing climate of opinion which

recently led to legislation (2) being against the unnecessary segregation of any group of handicapped children. This is already illustrated by a considerable growth in the number of special units for disturbed children in ordinary schools or offering temporary full or part time withdrawal from the ordinary school.

Thirdly we have observed, in some instances where a special unit exists within an ordinary school this can work to increase the main staff's understanding of disturbed children and ability to meet their needs, just as there already exist schools which can provide for all but their most severely disturbed children without establishing special units. If special classes are planned with the aim of getting children back into the main stream as soon as possible it has been found important that they should not differ fundamentally in their philosophy of education from that of the main school. In most instances this involves concessions and modifications in both directions.

As a result of more than thirty years of special education for maladjusted children enough is now known about their needs to enable teachers in ordinary schools to plan their education with more confidence. They can learn from both psycho-dynamic and behavioural approaches. Although the extremes in these systems are fundamentally opposed in philosophy this need not be true of their use in practice. Indeed concealed by different terminology they have much in common e.g. belief in providing good models and consistent standards, using rewards rather than punishments, disapproving of actions rather than the person, drawing attention to the connection between behaviour and its consequences. Already the barriers are being broken down: we have found some schools established on psychoanalytic

principles using behaviour modification techniques, and others established on principles of learning theory where warm attitudes are thought to be of fundamental importance. There are no simple solutions to childhood disturbance: a delicate balance has to be achieved. Fourthly we have noticed an increasing belief in the importance of teachers and the educational curriculum in the therapeutic process. We know that schools vary in the amount of disturbance they generate irrespective of their intake, and that there is no necessary conflict between educational and therapeutic aims (3). Two aspects are particularly worthy of study: how the school work can be planned to ensure that all children have a chance of satisfaction, success and esteem, and how the educational content can be used to increase understanding of human behaviour. Fifthly although teachers all emerge as the most important professional group able to help most disturbed children, they will not be able to do it without consultation and support. Already parents are being involved by teachers in the educational programme but many families need help with personal problems which are beyond the scope of the education services alone. The rapid expansion of special education will place a strain on the social service agencies. Moreover teachers, however skilled inevitably find work with disturbed children a cumulative strain and need to be helped and supported by the kind of advisory services recommended in the Warnock Report (4).

Sixthly, increasingly appropriate provision in ordinary schools should leave the special schools free to develop more specialized treatments for those with long term special needs on account of the type and severity of their disturbance. This should lead to better differentiation. While it is undoubtedly true that all children share the same basic needs they may

well need them in different proportions and intensities according to what has been lacking in their earlier experience. Our investigation has shown that those working in schools for maladjusted children are able to distinguish needs of different groups. Although they generally state that all children benefit from warm caring attitudes and consistent discipline, neurotic children are found to be more responsive to psychotherapy and opportunity to express feelings whereas the conduct disorders require more systematic use of incentives and deterrants. Nevertheless although some schools specialize to some extent, few favour total separation of types. Apart from the fact that classes consisting entirely of agressive acting out children or entirely depressed children would be equally alarming, the interaction of children with different behaviour but basically similar needs is thought to be beneficial. Autistic children already receive highly specialized treatment though the prognosis is not good in most cases. Experiments in the treatments of psychotic children would need close co-operation between the education and health services.

The so called socialized delinquents, mentioned above, who are only a small proportion of the children who persistently commit delinquent acts do not usually see themselves as in need of help. Earlier intervention is indicated especially where the Children's homes are exceptionally disadvantageous. Again the treatment of these children which needs to start at a much earlier age requires co-operation with other services, in this case the Social Services. New experiments on the use of adoption and fostering are promising.

Another much smaller but more worrying group of delinquents includes those with severe disorder of personality which makes it difficult for them

to form satisfactory relationships. Some of these are later diagnosed as psychopathic. It is not known whether this condition is constitutional or due to very severe emotional deprivation in early childhood. It is difficult to detect since, when the children are young, they are hard to distinguish from other deprived children who reject or manipulate others. They may require more radical and earlier treatment than they have had, perhaps involving very close and intense adult/child interaction.

Earlier intervention is also indicated in relation to other school misfits, the truants and the disruptive. Recent experiments, like the nurture groups for young children, have shown that where young children enter school without social skills necessary for the normal class they can be helped by quite a short period of intensive care and social training in a small group. Our survey showed that the great majority of children receiving special education on account of maladjustment were over the age of eleven. This is not too late but much earlier would in most cases be much better.

Finally, if highly specialized treatments for these and other abnormal children are to be set up our diagnostic tools will have to be sharpened. At present the panels set up to select pupils for short term education in special units seem to work well for that purpose. Beyond that is the more sophisticated and slower process of assessment in Child Guidance Clinics and hospital psychiatric clinics which have the benefit of a multi-disciplinary team. The link between the two systems of assessment, often the educational psychologist, needs to be very carefully maintained. Otherwise there is the danger that some gravely damaged children requiring long

term intensive treatment will pass through all the stages of provision each failure confirming the conviction that they are incurable.

There is no doubt that working out a strategy for helping disturbed children is of the greatest importance for the whole of special education and for education generally. Moreover, nothing we have learnt from our survey suggests that the attitudes and practices which are successful with disturbed children can be anything but beneficial for most children.

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